



# Stockbridge-Munsee Education Dept

W 13447 Camp 14 Road  
P.O. Box 70  
Bowler, WI 54416

## 2011 Senior Graduation Banquet Biographical Form

Please provide the following information, signatures, and dates:

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: Male: \_\_\_\_\_ or Female: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Parent/Guardian's Work Phone Number: \_\_\_\_\_

Student's Enrollment Number: \_\_\_\_\_  
(If Applicable)

Parent's Enrollment Number: \_\_\_\_\_

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_